

**Amended Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Illinois State University

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** Normal, IL 61790

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Cheryl Elzy

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

8900 Milner Library, Illinois State University  
Normal, Illinois 61790-8900

**Telephone Number of Designated Agent:** (309)438-3481

**Facsimile Number of Designated Agent:** (309)438-3676

**Email Address of Designated Agent:** copyright@ilstu.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: \_\_\_\_\_

**NO OTHER FILING  
REC'D PER CO FILES**

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_

**Date:** 10/1/99

**Typed or Printed Name and Title:** Dr. Alvin Goldfarb  
Vice President and Provost for Academic Affairs

**Note: This Amended Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.**

**111017206**



**RECEIVED**

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